



The BC Nurses Union – Pioneers in “Enhanced” Disability Management



Lani deHek, speaking at the event held in Vancouver in September 2017 for those receiving the CRTWC and CDMP designation recognition including Ms. deHek

In February 1988, during one of the coldest winters in memory in Alberta, Lani deHek, a pediatric nurse, found herself on the picket line when the United Nurses of Alberta (UNA) went on strike. Almost 30 years later, she says that experience shaped her career going forward. She decided she wanted to focus more on health and safety and on helping the caregiver.

Today, Ms. deHek is doing that and much more as Administrator for the Enhanced Disability Management Program (EDMP) for the BC Nurses Union (BCNU), a position she has held for the last five years, and more recently as Manager, Occupational Safety and Health.

The EDMP is an employee-centered, jointly administered disability management program for employees with both occupational and non-occupational illnesses and injuries. It currently covers 150,000 healthcare workers from four bargaining associations in seven Regional Health Authorities in the province of British Columbia.

The EDMP was established following a Consensus Based Disability Management Audit (CBDMA), conducted under the DM Excellence Initiative, a project undertaken by NIDMAR and supported by the BC Government commencing in 2008.

At the time the audit took place, the Vancouver Coastal Health Region was heading to the bargaining table looking to reduce the cost of Long Term Disability (LTD) and absenteeism, and the BCNU had recognized a dire need to help nurses get back to work sooner than what was taking place.

“It was not uncommon,” she explains, “for a nurse with a frozen shoulder to be on LTD for two years before we would even have a conversation about a return to work because we knew the injury took that long to heal. By the time we got back to them, the nurse may well have developed a secondary health condition, such as depression. In addition, when nurses are on LTD for more than four years, they have a very difficult time getting back to work because they may not have enough practice hours to return as a registered nurse.”

With the support of NIDMAR, the first step following the audit was to implement a pilot project incorporating best practices. When the pilot showed that a DM program could make a significant difference, the next step was to bargain the right language into the collective agreements with the various healthcare employers and unions.

“It was slow going,” Ms. deHek says, “with the employers looking at how to cut costs and the unions wanting to protect workers’ rights.”



Ms. deHek says that from the beginning it was important in order to achieve success that the unions be a full partner in the design, implementation, and administration of any program.

“We also knew from looking at best practices that a key to success would be to have professional disability managers doing the work. For years, someone from human resources or a supervisor who had no training would manage a worker’s return to work.”

Another stipulation the unions had was to ensure the program did not just focus on medical concerns, which was a shift for the Health Authorities. The unions wanted the program to take a broader approach when someone was off work and be able to identify what else might be going on in the person’s life that could be a potential barrier to successful return to work – any workplace, vocational, or personal issues.

By 2010, the EDMP was negotiated into the Nurses Bargaining Association Collective Agreement. The next step was to train and hire skilled staff. A number of the Health Authorities supported their staff to become CRTWC or CDMP certified to meet the criteria of the EDMP.

In her role as Administrator of the EDMP for the BCNU, Ms deHek works closely with disability managers from all Health Authorities ensuring the program is being implemented in a way that is consistent with the EDMP’s principles and goals. Her team of 11 EDMP representatives, all nurses, works closely with the disability management professionals at the Health Authorities and with their members in developing case management plans to address any barriers workers might encounter in returning to or staying at work.

“Those relationships are instrumental to the success of this program,” she says. “We also work collaboratively with insurance and other third-party providers. As we are often working on complex files, there are always challenges to overcome, but we are open to having those hard conversations; collaboration is critical.”

We are working toward a full evaluation of the program and there are positive signs to build on. Early data from the LTD carrier show that while the over-all number of workers going on LTD may not be shifting, nurses are coming off claims sooner with more returning to work successfully during the first 24 months on claim.

In addition, union data shows a decrease in the number of LTD appeals at the initial claim acceptance stage – EDMP helps to gather appropriate medical throughout the qualifying period and therefore nurses who require LTD are transitioning smoother.

“The fact that we have skilled disability management professionals collaborating with union representatives is what makes the difference in being able to support our members to return to work quicker and with less distress.”